


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25418</b> 1. Entity Name <b>GFWC WOMAN'S CLUB OF OCALA, INC.</b>	
---------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business <b>P.O. BOX 4444 OCALA, FL 34478 US</b>	Mailing Address <b>P.O. BOX 4444 OCALA, FL 34478 US</b>
----------------------------------------------------------------------------	----------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-6179195</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

**6. Name and Address of Current Registered Agent**

**BERMAN, ANNE A  
1919 SE 7TH STREET  
OCALA, FL 34471-4194**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Anne A Berman* DATE *April 12, 2006*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES BERMAN, ANNE A MRS 1919 SE 7TH STREET OCALA, FL 344714194</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEC DAVISON, MARJORIE MRS. 1813 SE 31ST LANE OCALA, FL 34471</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP ROSS, MARY 1005 SE 9TH AVENUE OCALA, FL 34471</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PARL STICKELER, CARL ANN MRS. 102 ALMOND ROAD OCALA, FL 344728634</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000515485  
04/29/06-80214-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anne A Berman* *April 12, 2006* *352-629-3633*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #